FEC FORM 3X

Only

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2013 FEB -4 PM 12: 36

Rev. 12/2004

TYPE OR PRINT ▼ Example: If typing, type NAME OF 12FE4M5 COMMITTEE (in full) over the lines. Mexanis Reistioning Ethical 6 noemance ADDRESS (number and street) Check if different than previously reported. (ACC) CITY A STATE A ZIP CODE 2. FEC IDENTIFICATION NUMBER ▼ 3. IS THIS **NEW AMENDED** OR REPORT (N) (A) 4. TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Electic Year Only) Report (Choose One) Due On: Mar 20 (M3) Jun 20 (M6) Dec 20 (M12) Sep 20 (M9) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jan 31 (YE) Jul 20 (M7) April 15 Quarterly Report (Q1) Runoff (12R) 12-Day Primarý (12P) General (12G) July 15 PRE-Election Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 State of Election on Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of 5. Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Date Signature of Treasurer NOTE: Submission of false, erroneous, on incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office FEC FORM 3X Use

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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

× .	rite or Type Comprittee Name	thical Governmence P	Ae
R	eport Covering the Period: From:	O'al'aola	المنتمية / المنف / المنف
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		0
	(b) Cash on Hand at Beginning of Reporting Period	1.00.00	
	(c) Total Receipts (from Line 19)		1.0000
	(d) Subtotal*(add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		1.00.00
7.	Total Disbursements (from Line 31)		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		1.0000
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	This committee has qualified as a multi-	candidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004) Page 3 Write or Type Committee-Name cical bovernance Report Covering the Period: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)..... (ii) Uniternized (iii) TOTAL (add Lines 11(a)(i) and (ii)...... (b) Political Party Committees (c) Other Political Committees (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other Party Committees..... 13. All Loans Received 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3) (b) Levin Funds (from Schedule H5) (d) Total Transfers (add 18(a) and 18(b)).. 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).......... 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Projection Control	Calcinal Tear to Date
	(i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating		
	Expenditures		
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22.	Transfers to Affiliated/Other Party		
	Committees		<u> </u>
23.	Contributions to Federal Candidates/Cemmittees and Other Political Committees	0	0
	Independent Expenditures		
25.	(use Schedule E) Ceordinated Pady Expenditures (2 U.S.C. §441a(d))		
	(use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees		
	(b) Political Party Committees		/ / / / / / / / / / / / / / / / / / /
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶		<u> </u>
29.	Other Disbursements	O	
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share		
• •	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	20 - 20 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Donat Structure (2) - Company
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0	O
0.4	Tatal Dishumamanta (add Lines 04/s) 00		
31.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))		
			1-1-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)		
	IVIII LING 01)		$[\underline{}_{\underline{}} \underline{} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{} \underline{}_{\underline{}} \underline{} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{} \underline{}_{\underline{}} \underline{}_{\underline{}} \underline{} \underline{} \underline{}} \underline{}_{\underline{}} \underline{} \underline{} \underline{} \underline{}} \underline{} \underline{}} \underline{} $
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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 **COLUMN A COLUMN B** III. Net Contributions/Operating Ex-**Total This Period** Calendar Year-to-Date penditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d)) 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 37. Offsets to Operating Expenditures (from Line 15, page 3)...... 38. Net Operating Expenditures (subtract Line 37 from Line 36)

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SCHEDULE A (FEC Form 3X)	FOR LINE NUMBER: PAGE OF	
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
	Detailed Summary Page	11a 11b 11c 12 X 13 14 15 16 17
Any information copied from such Reports and Statements	may not be sold or used by any per	rson for the purpose of soliciting contributions
or for commercial purposes, other than using the name and	Laddress of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	~ 6	
Trains Kostados	thical Govern	ance PAC
Full Name (Last_First, Middle Initial)	STILLIAN COUNTY	
A. Forest, Redecca		Date of Receipt
Mailing Address 14900 Avery Ranch Blud. Sui	12 CADO-211	106 21 2012
City	Zip Code 18117	Amount of Each Donaid this Donaid
FEG 1D auchor of contribution		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	2 2 2 2 2	marked 2 modern 20 standards 12 modern
Name of Employer Occupat	ion	
Occupation of Employer		
Receipt For: Aggrega	te Year-to-Date ▼	-
Primary General	in the state of th	
Other (specify)		
Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		
City State	Zip Code	
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		
#		
Name of Employer Occupat	ion	
Receipt For:		4
	ite Year-to-Date ▼	
Other (specify) ▼	1.A. 1.A. 1.A.	·
Full Name (Last, First, Middle Initial)		Data of Donnies
C. Mailing Address		Date of Receipt
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City State	Zip Code	the second beautiful for the second second
	· · · · · · · · · · · · · · · · · · ·	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.		
Name of Employer Occupat	ion	1
Receipt For: Aggregate Year-to-Date ▼ Primary General		
Other (specify) ▼		
SUBTOTAL of Receipts This Page (optional)	·····	
TOTAL This Period (last page this line number only)		
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SCHEDULE B (FEC FUIII 3X)	FOR LINE NUMBER:	PAGE OF	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each sittegory of the	(check only one)	
 	Detailed Summary Page	21b 22 27 28a	23 24 25 26 28b 28c 29 30b
		<u> </u>	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	-		
Humas Vector 6	thical Govern	ance Die	
LAND LODGE VA C	TILICAL CONCIN	YICE TAC	
Full Name (Last, First, Middle Initial)			Disbursement
~.	•	Date of I	
Mailing Address		- M M M	
City S	tate Zin Code		
-	itate Zip Code		
Purpose of Disbursement		Amount	of Engh Dishussassas 44's As to
Candidate Name		and a second	of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disbursem	ent For:		
	Primary General		
	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			Dighurage
.		Date of	Disbursement
Mailing Address			/ 0 0 / 7 7 7 7
	itate Zip Code		······································
Rumago of Distagrament			
Purpose of Disinguement	T	A	of Each Disbursement this Period
Candidate Name			of Each Disbursement this Period
		Category/ Type	
Office Sought: Honse Disbursem	ent For:	Ethiopidisment States	
	Primary General	ļ	
	Other (specify)	.	
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial) C.			Distance -
v.		Date of	Disbursement
Mailing Address			, D D , V WY WY
City	toto 7- 0-1	Security Policy	· ·
City S	itate Zip Code	. 1	•
Purpose of Disbursement			
		#	of Each Disbursement this Period
Candidate Name		water Permit Promoti	or con population and telegraph
Out a Company		Type 1	
Office Sought: House Disbursem			
├─-┤	Primary General Other (specify) —		·
State: District:	Other (specify) ₩	·	
SUBTOTAL of Disbursements This Page (optional)			
PATAL THE BOOK I II.			
TOTAL This Period (last page this line number only)			

SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF
FOR LINE 13 OF FORM 3X

	Detailed Sulfillidity Page		
NAME OF COMMITTEE (In Full)			
Taxano Restorina Ethical Covernice PAC LOAN SOURCE Full Name (Last, First, Middle Initial) Election:			
Rubacca Forces	Primary General		
Mailing Address 14900 Aury Ranch Blud.	Suite C200-277		
City Avsho State TX ZIP C	ode 78717		
Original Amount of Loan Cumulative Payment To			
10000			
Date Incurred Date Due D. 6 21 2012	edirtulation de disconsissent en Georgiani		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount grandy and the same and		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C) / /るり/ 13
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signa	ture Confirmation™ Label
USPS Express Mail	Postmarked
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No Postmark	.:-
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Imp	2/4/13
PREPARER	DATE PREPARED

(3/2005)